

OFFICE OF JUVENILE JUSTICE (OJJ)

**ACKNOWLEDGEMENT OF RIGHT TO CONTINUE TREATMENT WITH
PROVIDER/THERAPIST OF CHOICE, LIMITS OF CONFIDENTIALITY AND
CONSENT TO CONTINUE ASSESSMENT**

This assessment is being conducted to determine your level of risk to re-offend, treatment and placement needs, only. If treatment is recommended or ordered by the court, OJJ will select the treatment provider; however, you retain the right to select a treatment provider/therapist of your choice at your expense.

Further, this is to make you aware that there is no confidentiality as to any admissions made regarding criminal acts, including sexual acts, such as hands-on sex offense* or a non-sexual offense that has been pled down from a hands-on sexual offense. Findings of this evaluation may be viewed by the court and attorneys involved in the case, and used against you in a court proceeding. If you disclose a delinquent or criminal act, the matter may also be reported to the Department of Children and Family Services (DCFS). You have the right to refuse to answer any questions asked of you and to refuse to participate in any aspect of the evaluation process/procedures or treatment.

By signing this document, you are acknowledging that you can select a treatment provider/therapist of your choice, are aware of the limits of confidentiality and wish to continue the psychosexual assessment or treatment.

Youth

Parent/Guardian

OJJ Provider

Date of Signatures

***Hands-On Sex Offense** - Those in which there is anal, oral or vaginal touching by physical contact or the use of a foreign object.